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From a Medical Student

A Summer Preceptorship Experience

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*Editor's Note: The CMERF-SCOPE (California Medical Education and Research Foundation-Student Community Orientation Preceptorship Education) program is now in its fourth year of operation as a private, nonuniversity-affiliated, summer experience in primary care for first-year and second-year medical students. Established to provide preclinical students with direct exposure to day-to-day medical practice in California communities, 127 students, 81 physicians and 65 hospitals have participated during the first three years. Evaluation by both physicians (preceptors) and students (preceptees) offers striking evidence that SCOPE has provided valuable insights into the world of medicine outside academia, including the organization and delivery of health care in communities. The program has also exposed medical students to realistic situations that can help them make sound career decisions.**

MANY MEDICAL SCHOOLS provide a summer break between the first and second years. Often, first year medical students look to the summer as a period of recuperation or even a well-deserved reprieve. Having completed my first year of medical school last spring, I recall having precisely these feelings. However, at the same time I had to be realistic; I wanted to schedule something that would keep me active as well as meet my financial needs. This meant getting out and hustling for summer employment, if at all possible in the health field.

It was in February that I heard of a program established two years earlier under the auspices of the California Medical Association, and sponsored by the California Medical Education and Research Foundation (CMERF). The SCOPE—Student Community Orientation Preceptorship Education—program was established as an innovative summer preceptorship program offering pre-clinical medical students realistic insight into the world of medicine outside academia.

The selection process for this program is by lottery, with some 200 medical students applying for about 40 positions. During the spring break in March, I learned that fortune had provided me a summer preceptorship position at the Antelope Valley Hospital Medical Center (AVHMC) in Lancaster, California. I was doubly pleased, since my employment efforts had to that time been unsuccessful. I accepted immediately, but I had some apprehension because it appeared that the stipend I would be offered ($800 for the months of July and August) would cover my summer living expenses but would leave me little to credit toward my next year's school expenses. But I soon learned that one of the physicians in Lancaster was gracious enough to allow another student and me to stay in his home during our two-month preceptorship in Lancaster. It is my sincere hope that those who read this will be inspired to institute a SCOPE preceptorship in their own community, and make it possible for more medical

*A complete report of the program as a whole, The CMERF-SCOPE Program: A Medical Student Preceptorship in Primary Care, Socioeconomic Report Vol. XVI, No. 4, June 1976, is available from the Bureau of Research and Planning, Division of Research and Socioeconomics, California Medical Association, 731 Market Street, San Francisco, CA 94103.

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ABBREVIATIONS USED IN TEXT

AVHMC = Antelope Valley Hospital Medical Center
CMERF = California Medical Education and Research Foundation
SCOPE = Student Community Orientation Preceptorship Education

students to benefit from this unique experience.

The design of the preceptorship at AVHMC provided a basic orientation to several facets of private medical practice as well as a number of allied health fields. The original schedule as presented to me was:

July 1-2—Department orientation at AVHMC: General tour of facility followed by orientation to administration, dietary, engineering, business office, volunteer program, medical records, inhalation therapy, occupational therapy, pharmacy, social services.

July 5-9—Mental Health.

July 12-26—General surgery: Mornings—operating room; Afternoons—orientation to private office practices in orthopedics; ear, nose and throat; urology; neurosurgery.

July 17—Orientation to chaplaincy service at AVHMC.

July 19-25—Family practice.

July 26-30—Obstetrics and gynecology.

August 2-8—Emergency room.

August 6—Los Angeles County paramedics.

August 9-13—Pediatrics.

August 16-20—Elective: neurosurgery.

August 23-27—Internal medicine.

August 25—Alcoholic Rehabilitation Center.

August 30—Los Angeles County Health Department Venereal Disease Clinic and family planning.

August 31—Renal Dialysis at the University of California, Los Angeles-AVHMC Family Practice Center, Los Angeles County Well-Baby Clinic.

Happily, such a schedule offered an opportunity to experience a wide variety of new things. My physician program director at AVHMC wished to provide a basic orientation to the administrative aspects of operating a hospital, as well as to basic medical discipline, and to a variety of subspecialties, at both the clinical and private practice levels.

Many readers will undoubtedly wonder just what the role of an extern really is. I will relate the role I assumed, but nevertheless would point out that it varies tremendously from student to student, depending on both the responsibilities the student wishes to accept and those that the preceptor makes available. Basic, however, to all students in the program is a short affidavit entitled "Legal Aspects of Student Performance of Medical Procedures under the CMERF-SCOPE Program in California." The document merely issues some important legal guidelines; otherwise the student and the preceptor are on their own to develop a mutually satisfying program. In any case, the best way to answer questions about the extern's role is to give some specific experiences from my externship at AVHMC.

The first two days of the program involved a general orientation to the various hospital departments. I became acquainted with administrative personnel and departmental directors whom I would repeatedly see throughout the summer and was introduced to the departmental responsibilities within the overall operation of a hospital. It was fascinating to observe the variety of skilled personnel required to run a hospital safely and efficiently.

During these two days a short tour was made of Lancaster Convalescent Hospital, adjacent to AVHMC. It was interesting to compare how the two facilities are operated. Of course, only a superficial awareness could be obtained in such a short time available. Nevertheless, it established a framework to view similar administrative roles and responsibilities in the future.

My clinical experience this summer ranged from helping apply bandages in the emergency room to scrubbing for surgery and assisting in any manner the surgeon thought appropriate, which usually involved holding retractors or cutting stutures. Generally, I can best describe my clinical role as that of an observer. I was present to assist in any way I could, but for the most part I approached the experience as a student curious about each case presented and naive about how to deliver treatment. The experience was a firsthand exposure to the art of correlating basic science and clinical skills.

At no time did I chart my observations or findings, though I always seized the opportunity to discuss them with the physician. Likewise, I never wrote orders or prescribed medications, but would inquire why a particular drug or therapy was ordered. Surprisingly enough, most physicians freely offered explanations at a level of understanding coincident with my training. I was

pleased to find so many private physicians so willing to give of their time to answer questions. The physicians were happy to have the opportunity to impart some of their experience to someone just beginning medical training.

As a clinical example of my externship, I will tell about my experience in the Mental Health Ward and Psychiatric Service. I began the week assisting an accredited psychiatric technician prepare initial evaluations to the staff psychiatrist and then would meet with the patient in consultation with the psychiatrist. Finally, we would discuss the case. This permitted me to acquire insight that I would not normally have received devoting all my time to interacting with the patients in a purely nonclinical fashion. I also observed the roles of occupational therapist, nursing technician and other staff personnel, and their attention to the particular needs of each mental health patient from a different perspective.

With the patients' permission, I also had the opportunity to sit in on several private office cases, and discovered the real manner in which a psychiatrist conducts a private practice. On one occasion I was requested to do the initial workup of a patient and present my findings to the psychiatrist before his evaluation. I found that I had acquired some useful interview techniques earlier in the week which allowed me to suspect a diagnosis that the psychiatrist later confirmed.

My surgical rotation was one of the most rewarding weeks all summer. Mornings I was free to follow the surgery schedule and scrub for any case approved by the surgeon. I was fortunate that there was no case I was not permitted to observe. I was often requested by the surgeon to assist in irrigation, aspiration, traction, cauterization or cutting sutures. Primarily, my role was that of a curious student having just finished gross anatomy but having had no exposure to human surgical anatomy. I was quizzed about my understanding of anatomy, and when my memory failed surgeons quickly refreshed it. They, as well as I, were aware that what was now refreshed would not be soon forgotten. Throughout the week I observed some 20 procedures ranging from an appendectomy to a craniotomy. As far as more practical experience is concerned, I learned basic sterile techniques, scrub techniques and so forth. Surely, this is also learned in medical school, but learning it first hand in a preceptorship gives it a special significance.

Another particularly rewarding week for me was spent in the emergency room. It was here that I became aware of the vast variety of cases for which people seek care or hesitate to seek care. Here again my role was primarily that of an observer. When things were busy, there was no time to inquire why a particular treatment was being given. Instead, I put myself to work doing tasks that I had seen done earlier in the week and felt confident to carry out—for example, assisting in skin grafting. I also found myself answering many questions the patients had that I knew I could answer. I established a criterion for myself that would not jeopardize the patient or the hospital, and always made certain I had the emergency physician's authorization. It was in this way that I acquired a new sense of responsibility about what I could confidently do and what I could not do at my particular level of training.

My week externships in family practice, obstetrics and gynecology, pediatrics and internal medicine were as fulfilling as those in surgery, emergency medicine and psychiatry. In fact, each rotation provided a unique opportunity to gain both clinical and practical information in each specialty.

Besides the clinical experience at AVHMC during my various rotations, I also had opportunities to visit other hospitals and clinics in the Antelope Valley area, such as Lancaster Community Hospital, Palmdale General Hospital, Edwards Airforce Base Hospital, Ridgecrest Community Hospital and Ridgecrest Medical Clinic. Additionally, the externship at AVHMC included attending service and review committees, staff meetings and continuing education conferences. It was through attending these committee meetings and conferences that I learned about peer review, policy making and continuing education, and realized that they too are integral parts of a private physician's responsibilities to both his hospital staff and the community he serves.

Exposure to various allied health professions was also worthwhile and rewarding, since it expanded my awareness of the need for medical personnel outside the realm of both academia and private practice. An opportunity to investigate such areas would seldom present itself in medical school unless a student were particularly interested in the field of public health.

Perhaps the best way to illustrate the enthusiasm shown by the community of Lancaster for the preceptorship program is to give some comments made by several physicians when they

were asked what they thought about the program and its goals.

"I thought it was very worthwhile. Looking back on my own medical experience, the first time I found out what a fellow did in private practice was when I was in private practice . . . I think it's good to have a fellow spend a considerable amount of his time being rotated through various private doctor's offices, to give him a feel of what medicine is. It's really not what you find in medical school."

"I was very happy to have you. I recall finishing my own training and realizing I had been trained to be an ivory tower diagnostician working in a university hospital. That's what I knew about the practice of medicine, and I wasn't satisfied with that. I found this summer a fine opportunity to try to show you an entirely different area of practice and get you exposed to that idea. Because I didn't know anything about the private practice of medicine outside the ivory tower until I was discharged . . . I would have given anything to have had the opportunty to run around and get into a G.P.'s office and see what was going on, to get out and see what a surgeon really did, and to see what a private physician really did with his time. . . . "

"When I came to Lancaster I was somewhat like you are as a preceptee, because I had never practiced anywhere other than in my present specialty. So what the quality of medicine was away from the city and away from the university training center was a real curiosity to me, particularly in terms of how comfortable I would feel there. And I think overall I found that the caliber of medicine practiced in a place like this was as good as anywhere I had been otherwise, partly because of the burden to be versatile on the part of the people who are here and the burden to be responsible in different areas of medicine."

"Some of the best questions I ever get asked are not from doctors, not from my fellow associates, but from students who come and ask these tough embarrassing questions . . . and I have to justify what I've done. I have to do it for myself too, of course, but it gets even more pointed when these youngsters who still remember some of their basic science start asking some questions—some intelligent ones."

"And there is another feature to this issue. As you go along through the years you develop effective practical ways of doing things but you never have the chance to tell anybody why they are so much better than the original way you were taught to do them—by the book or whatever. A preceptor comes along and when you do something which you feel you've learned and reflects your experience he asks, 'Why did you do it that way?'. And you can give it to him. You'll never write a paper about it, you'll never teach it in medical school; but you really think it's valuable, so you pass it on to a fresh person. There's something about that that makes you feel good."

One physician summed up my exact sentiments when he said: "I think such a program is a real benefit for a beginning medical student. Medical school training is usually so idealistic in nature, and the clinical cases presented are so selective. However, you've undoubtedly been exposed this summer to what the real outside world of practicing medicine is all about, not so much from a clinical standpoint, but from a general overall perspective. Such an experience seems as though it would be a real benefit when you start considering what particular field of medicine you ultimately wish to pursue."

And finally, my physician program director had this to add: "Your experience this summer should have given you the opportunity to increase your confidence and rapport when seeing patients and working with physicians and other allied health personnel. And it has, I hope, helped you gain an admiration and respect for the nonmedical employees as well. It's given you an introduction to rural medicine which is not crude and backwoodsy as most people would have you think. I honestly believe the program is best suited to students after their first year, for it is then that they are most eager since every experience will be new and fresh and exciting."

I hope that by presenting these various comments of the physicians and by relating some of my own experiences this summer, more communities will be inspired to establish a SCOPE preceptorship in the future. Every medical student could benefit from being involved in such a program, and certainly physicians and the communities they serve would benefit too by sharing something that no one else has to share.